

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

SCIELE PHARMA, INC. and SCIELE
PHARMA CAYMAN LTD.,

Plaintiffs,

v.

MYLAN PHARMACEUTICALS, INC. and
MYLAN LABORATORIES, INC.,

Defendants.

Civil Action No. 07-664

JURY TRIAL DEMANDED

**AFFIDAVIT OF SERVICE OF PROCESS OF
SUSAN M. COLETTI
PURSUANT TO 10 DEL. C. § 3104 AND L.R. 4.1(b)**

STATE OF DELAWARE

)

)

SS.

NEW CASTLE COUNTY

)

Susan M. Coletti, being duly sworn according to law, deposes and says as follows:

1. I am plaintiffs' counsel of record in this action.
2. Pursuant to 10 Del. C. §3104 and Local Rule 4.1(b), this Affidavit is being submitted regarding service of process on the Defendant Mylan Laboratories, Inc.
3. The Defendant Mylan Laboratories, Inc. is a non-resident of the State of Delaware and is presently located at 1500 Corporate Drive, Suite 400, Canonsburg, PA 15137, with a registered agent located at Corporation Service Company, 2704 Commerce Drive, Suite B, Harrisburg, PA, 17110.
4. On October 26, 2007, I caused to be mailed to Defendant Mylan Laboratories, Inc., by registered mail, return receipt, a notice letter, a copy of which is attached hereto as Exhibit A and made a part hereof, together with copies of the Summons and Complaint as served

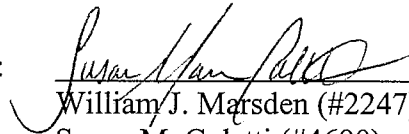
upon the Secretary of State of Delaware. The notice letter and copies of the Summons and Complaint were contained in the same envelope at the time of its mailing on October 26, 2007.

5. Subsequently, I learned that the letter sent via registered mail to Defendant Mylan Laboratories, Inc. on October 26, 2007 was delivered on October 30, 2007 and was accepted on behalf of Mylan Laboratories, Inc. by an individual whose name appears to be P. Washburn. Documentation evidencing delivery is attached hereto as Exhibit B. I received documentation on November 6, 2007 from the United States Postal Service.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed at Wilmington, Delaware this 6th day of November, 2007.

FISH & RICHARDSON P.C.

By:


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Susan M. Coletti (#4690)
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A

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October 26, 2007

VIA REGISTERED MAIL
RETURN RECEIPT REQUESTED (RA 187 584 654 US)

Mylan Laboratories, Inc.
c/o Corporation Service Company
2704 Commerce Drive, Suite B
Harrisburg, PA 17110



ATLANTA

AUSTIN

BOSTON

DALLAS

DELAWARE

MUNICH

NEW YORK

SAN DIEGO

SILICON VALLEY

TWIN CITIES

WASHINGTON, DC

Re: *Sciele Pharma, Inc. et al. v. Mylan Pharmaceuticals, Inc. et al.*
USDC-DE – 07-664

Dear Sir or Madam:

Enclosed are copies of the Summons, Complaint, and Notice of Availability of Magistrate Judge in the above-captioned matter. This will serve as notice that service of the originals of such process has been made upon the Delaware Secretary of State on October 23, 2007, and that under 10 Del. C. §3104, such service is as effectual to all intents and purposes as if it had been made upon Mylan Laboratories, Inc., personally within this State.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Susan M. Coletti'.
Susan M. Coletti

SMC/dob

Enclosures

80050719.doc

B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <i>P. Washburn</i></p>	<p>B. Date of Delivery <i>10-30</i></p>
<p>1. Article Addressed to:</p> <p><i>Mylan Laboratories, Inc.</i> <i>c/o Corporation Service Company</i> <i>2704 Commerce Drive, Suite B</i> <i>Harrisburg, PA 17110</i></p>	<p>C. Signature <i>X [Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from service label) <i>RA 187 584 654 US</i></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, July 1999</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p> <p>102595-00-M-0952</p>	